

Testimony regarding HB4584:

Dr. Gianina Cazan-London

Maternal Fetal Medicine/Sparrow Hospital.

Good morning. I am a physician of Maternal Fetal Medicine (MFM), also called a perinatologist. My educational training includes 4 years of University, 4 yrs of medical school, 4 years of OB/GYN residency, followed by an additional 3 yrs of subspecialty training in Perinatology. During these last 3 years the focus was on learning to perform detailed fetal anatomic ultrasounds in order to provide prenatal diagnosis for patients who were referred for concern of possible fetal anomalies. Perinatologist also manage pregnancies for women with medical complications that other general obstetricians may not be comfortable managing, such as insulin dependent diabetes.

The job description of a Maternal Fetal Medicine (MFM) subspecialist includes to offer prenatal diagnosis, counseling regarding the diagnosis, prognosis, treatment options, and to provide referrals to specialized centers for co-management and care for the condition diagnosed in the baby (such as congenital heart defects, spina bifida, oro-facial clefts, etc). Thus, MFMs diagnose many fetal anomalies with an ultrasound or by doing prenatal diagnostic tests such as the amniocentesis. General OB/Gyn physicians, family practitioners who still offer prenatal care, and other practitioners may offer their patients a variety of blood lab tests that may measure either hormone levels in mother's blood (from the placenta) or genetic prenatal screens. These screening tests may suggest increased risk for the baby to have certain conditions, such as Down Syndrome, Edwards Syndrome, or Spina bifida. But screening tests do not diagnose a problem. They simply categorize a woman into a high risk or low risk category – this will help the practitioner in the prenatal decision tree, to know who to refer to MFM for further fetal (and maternal) evaluation. The routine OB fetal anatomy US (performed at radiology facilities or within the general OB doctor's office) tries to detect fetal anomalies, but they are not good at detecting them. The extra 3 years of US specific training an MFM doctor goes through improves detection of anomalies from a low of 20-35% by a general OB doctor or radiologist to about 70-80%, if performed by a Perinatologist. But, it is important to remember that prenatal US cannot detect all fetal anomalies.

I am concerned about this bill being reintroduced for the following reasons.

(You may also watch my testimony in front of the Health committee when former HB. 5098 was up for discussion.)

1. All physicians practice medicine with a Standard of Care criteria. The American College of Ob/GYNs has created an internal practice bulletin specifically to cover the practice guidelines for physicians and prenatal care practitioners with regards to Spina Bifida (bulletin attached). It includes what every prenatal care practitioner should be discussing with their patients prenatally. These guidelines already exist. They don't need to be re-done and recreated by appointees of the legislature. The Society of Maternal Fetal Medicine also reiterated the updated Spina Bifida Practice bulletin by ACOG (reviewed and reaffirmed in 2016).

If a practitioner does not follow the standard of care with good explanations as to why not, he/she could individually be held liable and his/her license to practice could be at risk.

---- We don't need Laws on how to practice medicine. We have a Standard Of Care already ----

2. The federal government, through the CDC, already offers websites with nicely laid out information about Spina Bifida. Patients may access this site:
<https://www.cdc.gov/ncbddd/spinabifida/facts.html>

The National Institute of Health (NIH) also has a website specifically addressing Spina Bifida with more links and references provided by them here:
<https://www.nichd.nih.gov/health/topics/spinabifida/resources/Pages/patients-consumers.aspx>

The spinabifidaassociation.org offers online information as well.

Many private hospital systems offer information to patients as well such as MAYO, CHOP, UM-HealthSystems, etc.

These references already exist. I cannot imagine giving the State DHHS the task to now create another website, where it will offer peer reviewed, up-to-date information – for such specific of a condition that requires multi-specialty meetings with the many pediatric subspecialists involved in such a complex condition as Spina Bifida. Few centers in America offer fetal surgery for spina bifida and they themselves need to pool their data for improved outcome analysis. Who would be in charge of this data gathering, and publishing?

3. The state of Michigan already regulates Professional licensing. There are a lot of requirements for various traits that the state has imposed in order to be licensed to practice – from nurses, veterinarians, food establishments, to hair dressers. Once the state provides a license to practice, now, the state wants to impose laws on HOW TO PRACTICE one's trait?

4. Why then, only Spina bifida? Every year the CDC reports that approximately 1500 infants are born with Spina Bifida in America. How about the more common congenital defects? Why are those not included in this bill, to then mandate how we must counsel for severe congenital Cardiac Defects

(7,200 annually), or Abdominal wall defects (where the bowels protrude out the abdomen) (2,500 annually), or oro-facial clefts (7,100 annually), , etc.etc. MFM's can detect many fetal anomalies using the current Ultrasound technology, since 3% of the babies born in America will have a congenital birth defect that will require some medical treatment after birth. --- Will we need a law to cover all individual anomalies? We don't need a Law for physicians to do their job. This is the Standard of Care already ---

I am representing over 55 medical personnel in the OB/GYN department at Sparrow Hospital who are not able to attend today, in OPPOSITION to this Bill.

Thank you for your time.

Please feel free to call.

Dr. Giani Cazan-London

Maternal Fetal Medicine

From: Dr. Gianina Cazan-London

PETITION OPPOSING HB 4584:

5/31/17

We, the undersigned, have read the House Bill no. 4584, former HB.5098, and understand that its purpose is to:

Add a section to the Public Health Code to mandate that expectant or new parents of children with spina bifida are provided with certain information about that condition.

Specifically, if a child receives a prenatal or postnatal test or diagnosis of spina bifida, the health facility or provider must give the child's parents the following information, provided by the Michigan Dept of Health and Human Services:

- Up-to-date, evidence based written information about spina bifida that has been reviewed by medical experts and spina bifida organizations, including information on physical development, educational, and psychological outcomes, life expectancy, clinical course, intellectual and functional development, and treatment options.

- Contact information regarding support programs and services that may be available to expectant and new parents of children with spina bifida, including hotline specific to spina bifida, resource centers or clearinghouses, and national or local spina bifida organizations.

DHHS must make available the above information to any person who renders prenatal care, postnatal care, or genetic counseling to parents who receive a prenatal or postnatal diagnosis of spina bifida, or to any person who receives a positive test result from a test for spina bifida.

The following organizations and individuals must provide the above information to the parents: a health care facility or agency listed under Article 17 of the Public Health Code, or a physician, health care provider, nurse midwife, or genetic counselor that renders prenatal care, or genetic counseling.

We are firmly OPPOSING this bill.

Standards of Care regarding prevention, diagnosis, and management of fetuses and children with Open Neural Tube Defects (Spina Bifida) have already been established by the Medical Governing Bodies for each respective subspecialty, including American Congress of OBGYN (Practice Bulletin 44) and Society of Maternal Fetal Medicine. All physicians offering prenatal or postnatal care for fetuses and children with Spina Bifida are upheld to these Standards of Care. No law is required to regulate the Standard of Care.

Nr	Name (first,last)		title	street address	zip	signature
1	Kim Valley		RN	330 Ardenway, Portland, ME	48825	Kim Valley
2	Joyce Bogard		RN	1030 Blanchette	48823	Joyce Bogard
3	Danielle Iacopelli		RN	4607 Grandwood	48817	Danielle Iacopelli
4	Teresa Delany		RN	5097 Barton	48895	Teresa Delany
5	Suzanne Kalchik		MSW	132 Rayner St	48854	Suzanne Kalchik
6	Alison Bailey		NP	6200 Quenlock	48821	Alison Bailey
7	Beeth Wicks-Miller			1813 Towner Rd	48840	Beeth Wicks-Miller
8	Arita Avery		MD	515 Cambridge	48850	Arita Avery
9	Denny Marti		DO	11673 E. 1st Ave	48820	Denny Marti
10	Roxanne Burnham		Program Coordinator		48912	Roxanne Burnham

11	Kelly Patten	RN	16888 Erinslky	48837	Kelly Patten
12	Gina Elam	MA	1794 Woodside Dr	48823	Gina Elam
13	Alyson Wolvin	RN	4121 McArthur Rd	49203	Alyson Wolvin
14	Tristan Fowler	DO	1500 Mt Glade Dr APT #13 Holt MI	48842	Tristan Fowler
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17	Ann P. Williams	RN	2694 Maritime Lansing MI	48911	Ann P. Williams
18	Wendy Stones	RN	St Johns 5510 E Centerline Rd	48879	Wendy Stones
19	Karen Legal	RN	8733 W. Intergraph St Lansing	48917	Karen Legal
20	Joni Williams	CNM	8308 S. Ashland Rd Jackson MI	49301	Joni Williams
21	Linda Ersdamer	RN	2188 Green tree E. Lansing, MI	48823	Linda Ersdamer
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25	MATHEW VETZATHU	MD	1132 WEBER DR #3 LANSING MI	48912	Mathew Vetzathu
26	Olga Krichensky	DO	5755 Sowerbest Dr #510 Bath, MI	48808	Olga Krichensky
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29	Robert Long	MD	7231 Sandy Creek Lansing MI	48301	Robert Long
30	John Kanitra	MS3	125 Regent St. Apt 8 Lansing, MI	48912	John Kanitra
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35	Janet Domeyer	RN	4185 Hamlet Ct Bath MI	48808	Janet Domeyer

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37	Sarah Liberato	RN	125 Beachcroft	48884	Jonah Liberato
38	Kelly Hansen	RN	6847 Willow		
39	Maryann	DO	Grand Ledge	48837	Kelly Hansen
40	Steven	MD	1200 E. Main	48912	Maryann
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44	Brandon Byrd		1471 Glass Lake Cir	48371	Brandon Byrd
45	Tracy Hagerman		1006 West St	48827	Tracy Hagerman
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